



IPW

PATENT

Attorney Docket No. BSI-035

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Marshik et al. CONF. NO.: 8611

SERIAL NO.: 10/795,958 GROUP NO.: 3634

FILING DATE: March 8, 2004 EXAMINER: Coulter, Andrea

TITLE: Hardware for Window Sashes

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 5th day of September 2006.

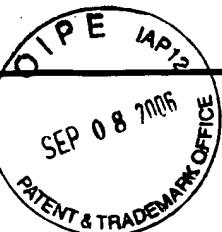

Diane Racicot

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. A check in the amount of \$120.00;
4. Response to Restriction Requirement (2 pgs.);
5. Petition for Extension of Time (1 pg.); and
6. Return receipt postcard.

TRADESMITTAL
FORM



<p style="text-align: center;">TRADESMITTAL FORM</p>	Application Serial Number	10/795,958
	Filing Date	March 8, 2004
	First Named Inventor	Marshik
	Group Art Unit	3634
	Examiner Name	Coulter, Andrea
	Attorney Docket No.	BSI-035
	Patent No.	Not yet assigned
Issue Date	Not yet assigned	

ENCLOSURES (check all that apply)

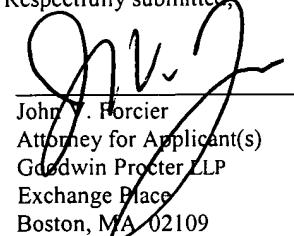
<p><input checked="" type="checkbox"/> Fee Transmittal Form</p> <p><input checked="" type="checkbox"/> Check Attached</p> <p><input type="checkbox"/> Copy of Fee Transmittal Form</p> <p><input checked="" type="checkbox"/> Response to Restriction Requirement</p> <p><input type="checkbox"/> Preliminary</p> <p><input type="checkbox"/> After Final</p> <p><input type="checkbox"/> Affidavits/declaration(s)</p> <p><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u> </u>]</p> <p><input checked="" type="checkbox"/> Petition for Extension of Time</p> <p><input type="checkbox"/> Supplemental Information Disclosure Statement</p> <p><input type="checkbox"/> Form PTO-1449</p> <p><input type="checkbox"/> Copies of SIDS Citations</p> <p><input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p><input type="checkbox"/> Sequence Listing submission</p> <p><input type="checkbox"/> Paper Copy/CD</p> <p><input type="checkbox"/> Computer Readable Copy</p> <p><input type="checkbox"/> Statement verifying identity of above</p>	<p><input type="checkbox"/> Copy of Notice to File Missing Parts of Application</p> <p><input type="checkbox"/> Formal Drawing(s)</p> <p><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal</p> <p><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application</p> <p><input type="checkbox"/> Small Entity Statement</p> <p><input type="checkbox"/> CD(s) for large table or computer program</p> <p><input type="checkbox"/> Amendment After Allowance</p> <p><input type="checkbox"/> Request for Certificate of Correction</p> <p><input type="checkbox"/> Certificate of Correction (in duplicate)</p>	<p><input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences</p> <p><input type="checkbox"/> Appeal Brief (in triplicate)</p> <p><input type="checkbox"/> Status Inquiry</p> <p><input checked="" type="checkbox"/> Return Receipt Postcard</p> <p><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8</p> <p><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8</p> <p><input type="checkbox"/> Additional Enclosure(s) (please identify below)</p>

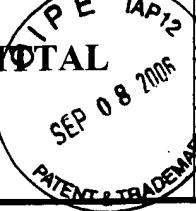
CORRESPONDENCE ADDRESS

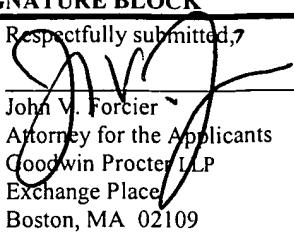
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Respectfully submitted,


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 		<i>Complete if Known</i>	
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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																													
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2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		<table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>120</td><td>60</td><td>Extension for reply within first month</td><td>120.00</td></tr> <tr><td>450</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1020</td><td>510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1590</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>2160</td><td>1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>500</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>500</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1000</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>400</td><td>400</td><td>Petitions to the Commissioner (Gp. I)</td><td></td></tr> <tr><td>200</td><td>200</td><td>Petitions to the Commissioner (Gp. II)</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner (Gp. III)</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>790</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>790</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td>130</td><td>65</td><td>Submission of Terminal Disclaimer</td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td></tr> </tbody> </table>		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		120	60	Extension for reply within first month	120.00	450	225	Extension for reply within second month		1020	510	Extension for reply within third month		1590	795	Extension for reply within fourth month		2160	1080	Extension for reply within fifth month		500	250	Notice of Appeal		500	250	Filing a brief in support of an appeal		1000	500	Request for oral hearing		400	400	Petitions to the Commissioner (Gp. I)		200	200	Petitions to the Commissioner (Gp. II)		130	130	Petitions to the Commissioner (Gp. III)		180	180	Submission of Information Disclosure Statement		790	395	Filing a submission after final rejection (37 CFR 1.129(a))		790	395	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		130	65	Submission of Terminal Disclaimer		Other fee (Specify)				Other fee (Specify)			
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2. AMENDMENT CLAIM FEES		SUBTOTAL (3) (\$) 120.00																																																																																													
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Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414		Respectfully submitted,  John V. Forcier Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109																																																																																													